

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29994

Entity Name: ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2552 N. ORANGEWOOD ST.
AVON PARK, FL 33825**Current Mailing Address:**2552 N. ORANGEWOOD ST.
AVON PARK, FL 33825**FEI Number:** 65-0387950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREED III, MARK EP.A.
325 NORTH COMMERCE AVE
SEBRING, FL 33870 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BUNGER, WILLIAM J
Address	1718 W. ORANGEWOOD PLACE
City-State-Zip:	AVON PARK FL 33825

Title	VP
Name	FIELDS, STEVE
Address	1730 ORANGEWOOD PLACE
City-State-Zip:	AVON PARK FL 33825

Title	TREASURER
Name	FROOD, REGINALD
Address	2516 ORANGEWOOD ST
City-State-Zip:	AVON PARK FL 33825

Title	SECRETARY
Name	DAGGETT, LYNN
Address	2468 ORANGEWOOD STREET
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	SPIEGEL, SHARLENE
Address	1746 ORANGEWOOD PLACE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	CRITES, RICHARD
Address	1736 ORANGEWOOD LANE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	SERENA, RAYMOND
Address	1757 ORANGEWOOD LANE
City-State-Zip:	AVON PARK FL 33825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J BUNGER

H.O.A. PRESIDENT

03/04/2018

Electronic Signature of Signing Officer/Director Detail_____
Date